

## **Application Data Sheet**

### **Application Information**

Application number::	Unassigned
Filing Date::	March 25, 2004
Application Type::	Divisional
Subject Matter::	
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	Humanization of an Anti-Carcinoembryonic Antigen Anti-Idiotypic Antibody as a Tumor Vaccine and for Targeting Applications
Attorney Docket Number::	40923-0060-US2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contractor Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Great Britain
Status::	Full Capacity
Given Name::	Shui-on
Middle Name::	
Family Name::	Leung
Name Suffix::	
City of Residence::	Madison
State or Province of Residence::	NJ
Country of Residence::	United States
Street of mailing address::	254 Kings Road
City of mailing address::	Madison
State or Province of mailing address::	NJ
Country of mailing address::	United States
Postal or Zip Code of mailing address::	07940

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Michele
Middle Name::	J.
Family Name::	Losman
Name Suffix::	
City of Residence::	South Orange
State or Province of Residence::	NJ
Country of Residence::	United States
Street of mailing address::	475 Berkeley Avenue
City of mailing address::	South Orange
State or Province of mailing address::	NJ
Country of mailing address::	United States
Postal or Zip Code of mailing address::	07079

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Hans
Middle Name::	
Family Name::	Hansen
Name Suffix::	
City of Residence::	Mystic Island
State or Province of Residence::	NJ
Country of Residence::	United States
Street of mailing address::	2617 North Burgee Drive
City of mailing address::	Mystic Island
State or Province of mailing address::	NJ
Country of mailing address::	United States
Postal or Zip Code of mailing address::	08087

## Correspondence Information

Correspondence Customer Number:: 26633  
Name:: Heller Ehrman White & McAuliffe  
Street of mailing address:: 1666 K Street, N.W.  
Suite 300  
City of mailing address:: Washington  
State or Province of mailing address:: D.C.  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 20006  
Phone number:: 202-912-2000  
  
Fax Number: 202-912-2020  
  
E-Mail address:: pbooth@hewm.com

## Representative Information

Representative Customer Number::	26633	
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- OR -

Representative Designation::	Registration Number::	Representative Name::

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Divisional of	09/155,106	November 17, 1998
Provisional		60/013,708	March 20, 1996

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/US97/04696	March 19, 1997	Yes

## Assignee Information

Assignee name:: Immunomedics, Inc.

Street of mailing address:: 300 American Road

City of mailing address:: Morris Plains

State or Province of mailing address:: New Jersey

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 07950